



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2584, FAX (510) 622-2585

February 4, 2008

Karen Stockton, Ph.D., Director
Modoc County Mental Health
441N. Main Street
Alturas, CA 96101

Dear Dr. Stockton:

AUDIT REPORT – MODOC COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Modoc County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to a review of SD/MC units, Mode Costs, Utilization Review Costs and Administrative costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

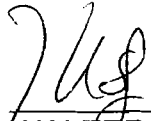
	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 390,303	\$ 333,590	\$ (56,713)
State General Funds EPSDT Due State	\$ 88,960	\$ 74,064	\$ (14,896)

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vickie Orlich, Chief, Administrative

Karen Stockton, Ph.D., Director
February 4, 2008
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Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


for WALTER J. HILL, JR., MBA, EA
Chief of Audits


MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP		\$ 390,303	\$ (56,713)	\$ 333,590
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PROVIDER	(Sch. 2a)	\$ <u>390,303</u>	\$ <u>(56,713)</u>	\$ <u>333,590</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 0	\$ 0	\$ 0
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - CONTRACT PROVIDER	(Sch.3b)	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 390,303	\$ (56,713)	\$ 333,590
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP		\$ <u>390,303</u>	\$ <u>(56,713)</u>	\$ <u>333,590</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch 4)	\$ <u>88,960</u>	\$ <u>(14,896)</u>	\$ <u>74,064</u>

MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	599,936	(90,625)	509,311
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	202	(202)	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 600,138</u>	<u>\$ (90,827)</u>	<u>\$ 509,311</u>
Less: Patient & Other Payor Revenues				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	2,327	0	2,327
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 2,327</u>	<u>\$ 0</u>	<u>\$ 2,327</u>
Medi-Cal Net Reimbursement for Direct Services				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	597,811	(90,827)	506,984
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 597,811</u>	<u>\$ (90,827)</u>	<u>\$ 506,984</u>
Medi-Cal MAA Reimbursement				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 93,247	\$ (13,624)	\$ 79,623
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 106,498	\$ (13,141)	\$ 93,357
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 93,247</u>	<u>\$ (13,624)</u>	<u>\$ 79,623</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 0	\$ 0
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 0	\$ 44,252	\$ 44,252
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ 0	\$ 0	\$ 0

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 306,865	\$ (46,275)	\$ 260,590
46. Enhanced (Children)	(MH1979, Ln 17,17A)	133	(133)	0
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	46,623	(6,812)	39,811
50. U.R. Skilled Professional	(MH1979, Ln 14)	36,682	(3,493)	33,189
51. U.R. Other	(MH1979, Ln 15)	0	0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 390,303</u>	<u>\$ (56,713)</u>	<u>\$ 333,590</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results		0	0	0

56. Total SD/MC Reimbursement - FFP	(Adj # 76)	<u>\$ 390,303</u>	<u>\$ (56,713)</u>	<u>\$ 333,590</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 0	\$ 0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 390,303</u>	<u>\$ (56,713)</u>	<u>\$ 333,590</u>
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(To Sch. 1)

MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	597,811	(90,827)	506,984
(2) Total SD/MC Claims	467,686	0	467,686
(3) Percent % (Line 1/Line 2)	127.82%	-19.42%	108.40%
(4) EPSDT Claims	157,979	0	157,979
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	201,934	(30,680)	171,253
(6) Cost Settled Baseline for EPSDT	18,733	0	18,733
(7) Net Cost Settlement Amount (Line 5 - Line 6)	183,201	(30,680)	152,520
(8) 48.56% of Net Cost Settlement Amount (Line 7 x 48.56%)	88,960	(14,895)	74,064
(8a) FY 2001-02 EPSDT settlement	96,868	0	96,868
(8b) Annual Local Growth (L. 8 - 8a)	0	0	0
(9) County Match 10% of Local Growth (8b x 10%)	0	0	0
(10) Net cost settlement amount (L. 8 - 9)	88,960	(14,896)	74,064
(11) SGF Distribution (Settled and Audited)	88,960	0	88,960
(12) SGF Due (State)	<u>0</u>	<u>(14,896)</u>	<u>(14,896)</u> (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY2002-2003, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8)-(9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (13) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider MODOC COUNTY				Provider Number 00025	No. of Adj. 15	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	9	3	SD/MC ADMINISTRATION	\$ 106,498	\$ (13,141)	\$ 93,357 *
2	MH 1960	11	3	NON SD/MC ADMINISTRATION	62,712	13,141	75,853 *
Info	MH 1960	12	3	TOTAL ADMINISTRATIVE COSTS	\$ <u>169,210</u>	\$	\$ <u>169,210</u> *
				To allocate Total Administrative Costs between SD/MC and Non SD/MC Administration based on the gross cost method percentages of 55.17% for SD/MC and 44.83% for Non SD/MC.			
3	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	\$ 48,909	\$ (4,657)	\$ 44,252 *
4	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	28,800	\$ 4,657	33,457 *
Info	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ <u>77,709</u>		\$ <u>77,709</u> *
				To allocate total utilization review costs to Medi-Cal and non-Medi-Cal based on the gross cost method percentages of 56.95% for SPMP and 43.054% for Non-SD/MC UR.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MODOC COUNTY				00025	15	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS</u>			
5	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	47,430	(60)	47,370 *
6	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	221,441	(67,740)	153,701 *
	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	60	-	60 *
7	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	0	240	240 *
			Info	TOTAL	<u>268,931</u>	<u>(67,560)</u>	<u>201,371 *</u>
				To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated February 13, 2007. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
MODOC COUNTY				00025	15	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS</u>			
8	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 47,370	60	47,430 *
9	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 153,701	240	153,941 *
10	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/02 to 09/30/02	** 60	(60)	0 *
11	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/02 to 06/30/03	** 240	(240)	0 *
			Info	TOTAL	** 201,371	0	201,371 *
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
12	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02	** 47,430	(60)	47,370 *
13	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/02 to 06/30/03	** 153,941	(240)	153,701 *
Info			Info	TOTAL	** 201,371	(300)	201,071 *
				To adjust the SD/MC units of service/time to the lesser of the county records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects the units for the three (3) reimbursement periods.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended			
MODOC COUNTY				00025	15	June 30, 2003			
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Form/ Sch.	Line	Col.						
14	MH 1979 MH 1979	21 27	J J	<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>					
				TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 390,303	\$ (56,713)	\$ 333,590		
				TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	-	-	-		
				TOTAL REIMBURSEMENT - COUNTY	\$ 390,303	\$ (56,713)	\$ 333,590		
To adjust the SD/MC (FFP) and Healthy Families (FFP) due to adjustments to costs and units.									
15	Sch. 4	8	3	<u>ADJUSTMENTS TO REPORTED EPSDT</u> <u>STATE GENERAL FUND SETTLEMENT</u>					
				TOTAL EPSDT SGF	\$ 88,960	\$ (14,896)	\$ 74,064		
				To adjust the State General Fund share of EPSDT as a result of adjustments to SD/MC reimbursements as reflected on Lines 16, 16A, 17, 17A, and 18, Column C of the form MH 1979 of the audited County and contract provider cost reports.					
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					

**MODOC COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE 30, 2003**

FINDING 1 – PROPER BILLING OF M/C UNITS FOR PHASE II TBS

During our audit process, our reconciliation of units revealed that the county contracted for TBS services but failed to bill Medi-Cal for those services. This is evident as the County reported TBS units in its cost report under Phase II. However, the DMH Approved Claims reports do not include the units for Phase II TBS.

AUDIT AUTHORITY:

DMH Letter 03-05 dated October 3, 2003
Fiscal Year 2002/03 Cost Report Instructions, Page 22.

RECOMMENDATION:

We recommend that the County review the above-cited audit authorities, review its tracking mechanism for SD/MC units, as well as its billing system in order that services rendered are billed timely and appropriately so as not to jeopardize future SD/MC FFP reimbursement.

AUDITEE'S RESPONSE:

We concur with the Audit Team's finding that the DMH Approved Claims reports do not include the units for Phase II TBS. The above referenced Audit Authorities have been reviewed along with the tracking of SD/MC units and the billing system in order for services to be billed in a timely and appropriate manner so as not to jeopardize future SD/MC FFP reimbursement.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (10/04)

Fiscal Year 2002-2003

County: MODOC COUNTY
 County Code: 25

Legal Entity: MODOC COUNTY		A	B	C
Legal Entity Number: 00025		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	725,122	548,616	1,273,738
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(183,930)	(183,930)
4	Other Adjustments (Provide Detail)		41,803	41,803
5	Total Costs Before Medi-Cal Adjustments	725,122	406,489	1,131,611
6	Medi-Cal Adjustments from MH 1961			38,438
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,170,049
	Administrative Costs (County Only)			
9	SD/MC Administration			93,357
10	Healthy Families Administration			
11	Non-SD/MC Administration			75,853
12	Total Administrative Costs			169,210
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			44,252
14	Other SD/MC Utilization Review			0
15	Non-SD/MC Utilization Review			33,457
16	Total Utilization Review Costs			77,709
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			923,130
19	Total Costs - Lines 9 through 18			1,170,049

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: MODOC COUNTY
County Code: 25

Legal Entity: MODOC COUNTY		A	B	C
Legal Entity Number: 00025		Salaries and Benefits	Other	Total Adjustments
1	EQUIPMENT DEPRECIATION		38,438	38,438
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		38,438	38,438

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO MODES OF SERVICE
 MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2002-2003

County: MODOC COUNTY
 County Code: 25

Legal Entity: MODOC COUNTY		A
Legal Entity Number: 00025		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	923,130
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	891,888
6	Outreach Services (Mode 45)	31,242
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	923,130

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2
Fiscal Year 2002-2003

County: MODOC COUNTY			CR		CR		CR		CR		CR	
County Code: 25												
Legal Entity: MODOC COUNTY			A	B	C	D	E	F	G			
Legal Entity Number: 00025			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function			
Mode: 15 - Outpatient (Program 1)				01	10	30	40	50	58			
1	Allocation Percentage		100.00%	1.89%	0.50%	0.19%	69.93%	0.24%	0.24%			
2	Total Units			8,648	1,730	650	241,426	845	840			
3	Gross Cost		783,009	14,805	3,924	1,473	547,595	1,916	1,905			
4	Cost per Unit			1.71	2.27	2.27	2.27	2.27	2.27			
5	SMA per Unit			1.77	2.28	2.28	2.28	2.28	2.28			
6	Published Charge per Unit			1.57	2.08	2.08	2.08	2.08	2.08			
7	Negotiated Rate / Cost per Unit											
8												
8A	Medi-Cal Units	07/01/02 - 09/30/02		1,434	55		38,246					
		10/01/02 - 06/30/03		3,926	1,285	245	121,550			840		
9												
9A	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
10												
10A	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03										
11												
11A	Healthy Families (SED) Units	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
12	Non-Medi-Cal Units			3,288	390	405	81,630	845				
13												
13A	Medi-Cal Costs	07/01/02 - 09/30/02	119,503	2,455	125		86,748					
		10/01/02 - 06/30/03	389,808	6,721	2,915	555	275,696			1,905		
14												
14A	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	120,611	2,538	125		87,201					
		10/01/02 - 06/30/03	393,429	6,949	2,930	559	277,134			1,915		
15												
15A	Medi-Cal Published Charges	07/01/02 - 09/30/02	109,589	2,251	114		79,552					
		10/01/02 - 06/30/03	357,470	6,164	2,673	510	252,824			1,747		
16												
16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
17												
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
18												
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
19												
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
20												
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
21												
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
22												
22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
23												
23A	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
24												
24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
25												
25A	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03										
26												
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03										
27												
27A	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03										
28												
28A	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03										
29												
29A	Healthy Families Costs	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
30												
30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
31												
31A	Healthy Families Published Charges	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
32												
32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02										
		10/01/02 - 06/30/03										
33	Non-Medi-Cal Costs		273,698	5,629	885	918	185,151	1,916				

County: MODOC COUNTY			CR	CR				
County Code: 25								
Legal Entity: MODOC COUNTY			H	I	J	K	L	M
Legal Entity Number: 00025			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)			Function	Function	Function	Function	Function	Function
			80	70				
1	Allocation Percentage		19.08%	7.91%				
2	Total Units		36,060	18,390				
3	Gross Cost		149,425	61,966				
4	Cost per Unit		4.14	3.37				
5	SMA per Unit		4.23	3.41				
6	Published Charge per Unit		3.80	3.09				
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02	5,745	1,890				
8A		10/01/02 - 06/30/03	19,240	6,615				
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units		11,075	9,885				
13	Medi-Cal Costs	07/01/02 - 09/30/02	23,806	6,368				
13A		10/01/02 - 06/30/03	79,726	22,290				
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	24,301	6,445				
14A		10/01/02 - 06/30/03	81,385	22,557				
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	21,831	5,840				
15A		10/01/02 - 06/30/03	73,112	20,440				
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		45,002	33,308				

County: MODOC COUNTY			MHS	MHS	MHS			
County Code: 25								
Legal Entity: MODOC COUNTY			A	B	C	D	E	G
Legal Entity Number: 00025				Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Mode Total	Function	Function	Function	Function	Function
				58	01	33		
1	Allocation Percentage		100.00%	82.55%	0.59%	16.86%		
2	Total Units			67,500	510	9,180		
3	Gross Cost		108,879	89,879	640	18,360		
4	Cost per Unit			1.33	1.25	2.00		
5	SMA per Unit			2.28	1.77	2.28		
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02						
8A		10/01/02 - 06/30/03						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			67,500	510	9,180		
13	Medi-Cal Costs	07/01/02 - 09/30/02						
13A		10/01/02 - 06/30/03						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						
14A		10/01/02 - 06/30/03						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		108,879	89,879	640	18,360		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: MODOC COUNTY		CR		CR			
County Code: 25							
Legal Entity: MODOC COUNTY		A	B	C	D	E	G
Legal Entity Number: 00025			Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function
			10	20			
1	Allocation Percentage	100.00%	29.59%	70.41%			
2	Total Units		18,265	65,387			
3	Gross Cost	31,242	9,245	21,997			
4	Cost per Unit		0.51	0.34			
5	Non-Medi-Cal Units		18,265	65,387			
6	Non-Medi-Cal Costs	31,242	9,245	21,997			

Fiscal Year 2002-2003

County Code: 25			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity: MODOC COUNTY			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00025			S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02											
1A		10/01/02 - 06/30/03											
2	Medi-Cal SMA	07/01/02 - 09/30/02											
2A		10/01/02 - 06/30/03											
3	Medi-Cal P. C.	07/01/02 - 09/30/02											
3A		10/01/02 - 06/30/03											
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								119,503	119,503		119,503
5A		10/01/02 - 06/30/03								389,808	389,808		389,808
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02								119,503	119,503		119,503
11A		10/01/02 - 06/30/03								389,808	389,808		389,808
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03											
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03											
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03											
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: MODOC COUNTY
County Code: 25

Legal Entity: MODOC COUNTY

Legal Entity Number: 00025		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
Mode							
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	119,087	387,897	61,211	199,379		
5	15 - Outpatient (Program 2)						
6	Totals	119,087	387,897	61,211	199,379		
7	Totals from MH1979	119,087	387,897	61,211	199,379		
8	Effective SD/MC FFP %					51.40%	51.40%

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: MODOC COUNTY County Code: 25						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8			
Legal Entity: MODOC COUNTY						F	G	H	I	J
Legal Entity Number: 00025						50% FFP	51.40% FFP	Variable % FFP	75% FFP	Total FFP
						Total MAA	Total Inpatient	Total Outpatient	Total	
SD/MC Administrative Reimbursement (County Only)										
1	County SD/MC Direct Service Gross Reimbursement							509,311	509,311	
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement							21,508	21,508	
3	Total Medi-Cal Direct Service Gross Reimbursement								530,819	
4	Medi-Cal Administrative Reimbursement Limit								79,623	
5	Medi-Cal Administration								93,357	
6	Medi-Cal Administrative Reimbursement							39,811	79,623	39,811
Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement									
8	Healthy Families Administrative Reimbursement Limit									
9	Healthy Families Administration									
10	Healthy Families Administrative Reimbursement									
SD/MC Net Reimbursement for MAA										
11	Medi-Cal Admin. Activities Svc Functions 01 - 09									
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39									
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)									
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)								44,252	
15	Other SD/MC Utilization Review (County Only)									33,189
16	SD/MC Net Reimbursement for Direct Services					07/01/02 - 09/30/02			119,087	119,087
16A						10/01/02 - 06/30/03			387,897	387,897
17	Enhanced SD/MC Net Reimb. (Children)					07/01/02 - 09/30/02				61,211
17A						10/01/02 - 06/30/03				199,379
18	Enhanced SD/MC Net Reimb. (Refugees)									
19	Total SD/MC Reimbursement Before Excess FFP									333,590
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC									
21	Total SD/MC Reimbursement (FFP)									333,590
22	Contract Limitation Adjustment									
23	Adjusted Total SD/MC Reimbursement (FFP)									333,590
24	Healthy Families Net Reimbursement					07/01/02 - 09/30/02				
24A						10/01/02 - 06/30/03				
25	Total Healthy Families Reimbursement Before Excess FFP									
26	Amount Negotiated Rates Exceed Costs - Healthy Families									
27	Total Healthy Families Reimbursement									